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PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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Tammy Olson	(Depositor's come)
Jammy Olsoz	(Signature)
November 7, 2006	(Date)

APPLICATION NO.	. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/721.030	11/24/2003		Larry A. Sparling	IS01246AP	4761	

TITLE OF INVENTION: PRINTED CIRCUIT BOARD FOR A THREE-PHASE POWER DEVICE HAVING EMBEDDED DIRECTIONAL IMPEDANCE CONTROL CHANNELS

CFR 1.533).    Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached.   The Address form FTO/SB/122) attached. Use of a Castomer Mumber is required.   The Address indication (or "Fee Address" Indication form FTO/SB/127) attached. Use of a Castomer Number is required.   Assignment and the Address indication form FTO/SB/127, Rev 0.3-0.2 or more recent) attached. Use of a Castomer Number is required.   Assignment and the Address indication form FTO/SB/127, Rev 0.3-0.2 or more recent) attached. Use of a Castomer Number is required.   Assignment and the Address indication form FTO/SB/127, Rev 0.3-0.2 or more recent) attached. Use of a Castomer Number is required.   Assignment and the Address indication form FTO/SB/127, Rev 0.3-0.2 or more recent) attached. Use of a Castomer Number is required attached. It is a control of the patient. If no name is size of the names of up to 3 single firm (having as a member a registered attorney or agent) and the names of up to 3 castomer of the patient. If no name is 12 Castomer is provided in the patient of the patient. If no name is 12 Castomer is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)    Motorola	APPLN. TYPE	SMALL ENTITY	ISSUE FRE DUE	PUBLICATION FEE DUR	PREV. PAID ISSUE PEE	TOTAL FEE(S) DUB	DATE DUE
DEBERADINIS, ROBERT L 2836 307-147000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/NB/122) attached.    "Fee Address" indication form   "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents (07 Address form PTO/NB/122) attached.    "Fee Address" indication form   PTO/NB/122 (1) attached. Use of a Carstomer Number is required.    "Fee Address" indication form   PTO/NB/127; Rev 03-02 or more recent) attached. Use of a Carstomer Number is required.    ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)    PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, if an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.    (A) NAME OF ASSIGNEE   (B) RESIDENCE: (CITY and STATE OR COUNTRY)    MOTOR Cla	nonprovisional	МО	\$1400	\$300	\$0	\$1700	01/16/2007
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  CR 1.364.  C	EXAM	AINER	ART UNIT	CLASS-SUBCLASS '	)· I	•	
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Motorola, Inc.  Schaumburg, IL  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:    Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Advance Order - # of Copies   Payment by credit eard. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503987 (enclose an extra copy of this form).  5. Change in Eartity Status (from status indicated above)   A applicant claims SMALL ENTITY status. See 37 CFR 1.27.   b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date November 7, 2006  Typed or printed name Gary I. Cunningham Registration No. 33,488	Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to or agents OR, alternation (2) the name of a single	3 registered patent attorn vely,	gru 2Garv J.	•
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a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).  NOTE: The Issue Fcc and Publication Fcc (if required) will not be accepted from anyone other than the applicant a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date November 7, 2006  Typed or printed name Gary 1. Cunningham Registration No. 33,488	Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						ciency, or credit any extra copy of this form).
Authorized Signature	a. Applicant claim	ns SMALL ENTITY stat	us. See 37 CFR 1.27.	• •	~ -		
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